SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County

Planning and Zoning Depart.

PO Box 58

Washburn, WI 54891

(715) 373-6138

Date Stamp Reserved!

JUN 102015

Refund: Amount Paid: 48 6-19-15 (0-19-1S

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

5	rte 6/6//	Date	authorization must accompany this application)	on must accomp	letter(s) Sauthorization	bove described property any reasonable time for the pyrpose of inspection. Numer(s): (If there are Multiple Owners listed on the Deed All Owners must sign of	ble time for the pyrpo	property any reasonable time for the purpose that the following the following that the purpose the purpose the purpose that the purpose that the purpose that the purpose the	Owner(s): (If there are Mult
ledge that I (we)	complete. I (we) acknowledge that I (we) rmit. I (we) further accept liability which country ordinaries to have accept to the	LTIES correct and coissue a per	T WILL RESULT IN PENAL wedge and belief it is true, ity in determining whether to the officials changed with and the officials changed with an official changed with an official changed with a ch	ITHOUT A PERMI best of my (our) know on by Bayfield Coun	ITING CONSTRUCTION Whined by me (us) and to the land that it will be relied up	AIN A PERMIT or STA	FAILURE TO ing any accompany icuracy of all inform	s application (includ or the detail and ac	I (we) declare that this am (are) responsible f
	×				(2)	Strawy.	Other: (explain)	Secretarial Staffy	Secreta
	×××			***************************************	***************************************	Special Use: (explain)	Special Use: (expl		English Control of the Control of th
	-		***************************************						America A America America America America America America America A America America A America A America A America A America A America A A America A A America A A A America A A A A A A A A A A A A A A A A A A A
					Alteration (specify)	2	Accesson	Rec'd for Issuance	Rec'd for
	× ×					Accessory Building (specify)	Accessory	lse	☐ Municipal Use
					te)	Mobile Home (manufactured date)	Mobile H		
	X)	1	ι food prep facilities)	or ☐ cooking &	☐ sleeping quarters, <u>c</u>	Bunkhouse w/ (□ sanitary, or □	Bunkhous		
	×				age	with Attached Garage		Use	Commercial Use
	×					with (2 nd) Deck			
	× >	7				with a Deck			
	< ×	1				with a Porch		Use	Residential Use
	×						1		
	× ?	7			shack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence		
Footage	Vimensions)	-\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		, a	Proposed Structure	Structure (first struc	Drincinal		Proposed use
Square		<u> </u>					***************************************		
	Height:		Width:		Length:			uction:	Proposed Construction:
	Height:		Width:		Length:	r is relevant to it)	eing applied fo	e: (if permit be	Existing Structure: (If permit being applied for is relevant to it)
			None			CANINGS X		1	
		et	□ Compost Toilet			☐ Foundation		Property	
	itract)	ervice con	☐ Portable (w/service con	None		☐ No Basement	Run a Business on		
	Specify Type: Const		11111	3		☐ 2-Story	on (avisting bldg)	☐ Conversion	
well	Specify Type:				∀ Year Round	Į.	Addition/Alteration	☐ Addition,	in
□ City		Y	□ Municipal/City	□ 1	□ Seasonal	□ 1-Story	struction	New Construction	
Water	What Type of Sewer/Sanitary System Is on the property?	What Type of wer/Sanitary Syste Is on the property?	Sewer Is or	# of bedrooms	Üse	# of Stories and/or basement	P CC	Project	Value at Time of Completion * include donated time & material
				-				333	□ Nott-Shotteidin
	No I	*	icture is from shoreline:	Distance Structure	If yescontinue	Is Property/Land within 1000 teet of Lake, Pond or Flowage If yescontinue	ty/Land withir	≋ is Proper	
Are Wetlands Present?	Is Property in Floodplain Zone?			Distance Stru	escontinue —	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	Creek or La	□ Shoreland ⊥
				2000					
e e	Acreage	Lot Size			Town of:	N, Range <u>05</u> w	H3N	5 , Township	Section 2
	n:	Subdivisio	Block(s) No.	Lot(s) No.	76 VIL & Page 76 VIL ROG	Lot Lot(s) CSM	Gov't Lot	1/4	1/4,
(s)	VolumePage(s)	Volume			04-	(Use Tax Statement) 04-	;	Legal Description	PROJECT LOCATION
Attached	Attacher		, de l'accept de l	000					5
Authorization	Written	te/7inl·	dress (include City/Sta	rent Mailing Ad	7942345	1	Distriction on behalf of O	Doron Siming Application on behalf of Owner(s)	
716-121-1042	Plumber Phone:		WI	Flumber:	Contractor Phone: Pl	Te No Contr	Bass La1	マかれ	Contractor: 1
ne:	Cell Phone:		- -		City/State/Zip:	City/		17.1	Address of Property:
316-287-901	12-916 Pl	6711	Monton 115) 	Ambleside L	A	0	Z 200 0	Dreame:
OTHER	□ B.O.A. □ (3SU J	IL USE SPECIAL USE	CONDITIONAL USE	PRIVY	□ SANI	► □ LAND USE	REQUESTED—	TYPE OF PERMIT REQUESTED
					5	10000	ALL FERMAN 2 1100	COLICINONIA	C ROL SIMMI CONSI

2000 Address to send permit 130. Sox 214 (... of Of application)

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If you recently purchased the property se

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Hold For Sanitary: Hold For TBA:	Signature of Inspector)	keep Shirder and of flood M	Date of Inspection: Condition(s):Town Committee or Board Condition(s):Town	What to State No Cons	Was Parcel Legally Created Sposed Building Site Delineated Sposed Building Site Delineated Sposed Building Site Delineated Sposed Spose	Granted by Variance (B.O.A.) ☐ Yes No Case #:	Lot	Permit #: 150197	Permit Denied (Date):	NOTICE: All Land U For The Construction Of Ne Th	one previously surveyed conner to the other previously surveyed marked by a licensed surveyor at the owner's expense	other previously surveyed comer or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (3	Setback to Privy (Portable, Composting) Prior to the blacement or construction of a structure within ten	Setback to Septic Tank or Holding Tank	Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	Setback from the Established Right-of-Way Setback from the North Lot Line	Setback from the Centerline of Platted Road	(8) Setbacks: (measured to the closest point) Description Mea	ro	White bass		(E)	6. j	(5) EC	, Ein	7	Show any (*):	<u>.</u>	(1) Show Location of: (2) Show / Indicate: (3) Show oration of (*).
A: Hold For Affidavit:		i (pected by ☐ Yes	Construction in floor	Yes No		(Deed of Record) (Pused/Contiguous Lot(s)) (No	Permit Date:		Jse Permits Expire One (1) Year from Wone & Two Family Dwelling: All the local Town, Village, City, State or Sanitary Number:	evor at the owner's expense. Stake or Mark Proposed Location(s) of New Construction,	yor at the owner's expense. ten (10) feet but less than thirty (30) feet fron	2	Feet	Feet Feet Feet			he closest point) Measurement	continuing) (7)	Lake (6)	718115	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					(*) Wetlands; or (*) Slopes over 20%	All Existing Structures on your Pro *) Well (W); (*) Septic Tank (ST); *) Lake: (*) River: (*) Stream/Cro	Proposed Construction North (N) on Plot Plan (*) Priveway and (*) Frontage Road (Name Frontage Road)
davit: Hold For Fees:			TWO TIE No they need to be attached.	Para	Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) Yes No C:	Mitigation Required □ Yes △ No Mitigation Attached □ Yes △ No	19-18		NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Number: Sanitary Date:	se of a corrected compass from a known corner within 500 feet n, Septic Tank (ST), Drain field (DF), Holding T.	ed setback, the boundary line from w	re boundary line from which the setback must be measured must	Setback to Well	Setback from Wetland 20% Slope Area on property Elevation of Floodplain	Setback from the River, Stream, Creek Setback from the Bank or Bluff	Setback from the Lake (ordinary high-water	Description	M Changes in plans must be a	STATES		O,		\	15 - 25 - 25 - 25 - 25 - 25 - 25 - 25 -	(3) 8/11/6	3	All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake: (*) River: (*) Stream/Creek: or (*) Pond	nad /Nama Erantana Razd)
<u>61013</u>	Date of Approval: H/K//		Date of Re-Inspection:	Zoning District (K) Lakes Classification (2)	☐ Yes	**************************************	Affidavit Required ☐ Yes \\ \No \\ Affidavit Attached ☐ Yes \\ \No \\			s not begun. Iform Dwelling Code. Sanitary Date:	et of the proposed site of the structure, or must be Tank (HT), Privy (P), and Well (W).	tback must be measur	be visible from one	Feet	Feet ☐ Yes. ☐ No	Feet	mark)	Measurement	pproved by the Planning & 2	my se staded				5	Desira field	way		nd/or (*)	

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